

NATIONALIZED HEALTH CARE

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. POE) is recognized for 5 minutes.

Mr. POE of Texas. Mr. Speaker, the talk around town is universal health care for all Americans. This is a noble ideal and a great goal, but the real question is: Do we want universal health care run by the government or universal health care run by the private sector? That is the question to be asked and answered.

Even though every Nation that has tried socialized public health care has proven it's unaffordable, doesn't work and provides inferior health care, those who want the United States Government to run every aspect of our lives still demand public health care. Let's look at a couple of examples of socialized, nationalized health care:

Katie Brickell is a young woman who lives in Great Britain where they have government-run health care. When Katie was 19, she tried to get a test for cervical cancer, which is a matter of routine here in the United States. Katie was told that she had to wait until she was 20. When she tried again at 20, she was told that the age was moved to 25 so the government could save some money. While waiting 5 more years because some bureaucrat told her that's what she had to do, Katie got sick and was diagnosed with cervical cancer.

Now some bureaucrat is telling this young lady, who is just starting out in her adult life, that her disease is not treatable, all because some bureaucrat said it cost too much. Neither Katie nor her doctor made a medical decision, but this no-named bureaucrat made all of these decisions. This is the British example of government-run, universal public health care.

Charlie Wadge lives in Canada where they have long waiting lines and rationed health care because they have a government-run system. Limping badly, Charlie was diagnosed with arthritis in his hip. When he needed his replacement surgery, the bureaucrats told him he'd have to be on a waiting list for between 18 months and 2 years before he could have that surgery. Charlie paid what we call a private medical broker, who negotiated a price for him to have surgery in the United States, in Oklahoma City.

□ 1845

He had to pay for the whole thing out of his pocket—and it's a good thing he had the money. At least he can walk. Left up to Canada's system of universal-run, government-rationed health care, he would have probably been permanently crippled by now.

Now if we want an example of what health care run by the American bureaucrats looks like, we should examine Medicare, Medicaid, or even the VA. These government programs are now a disaster. They waste so much money, and they will probably com-

pletely go bankrupt if they're not overhauled.

The Medicare program trustees just a week ago said the program has "unfunded liability" of nearly \$38 trillion. That's the amount of benefits promised to Americans but not paid by them through taxes. If we don't fix the waste and inefficiency in Medicare, Medicaid, and the VA, millions of people will not be treated properly. Taxes keep going up but these government-run health care services in the United States keep getting worse.

The kind of government-run health care that is being considered right now will have the same sort of underpayments to doctors and hospitals that we see in Medicare and Medicaid. Even with the massive taxes that would come up with this government health care program, if people think health care is expensive now, just wait until it's free.

The government underpaying for services will force the price of medical insurance so high to make up for the gap in what health care really costs that their employer will no longer be able to afford the health insurance.

Studies have shown the kind of government-run health care being worked on by Congress tonight, right now, will end up forcing 120 million Americans on the government plan for this very reason. 120 million Americans who get their health care from their jobs would have to go into the government system because their employer cannot afford to pay for the high cost of insurance. That's half of the Americans in this country today.

But the most frightening part of the government plans being considered is the rationing of health care for procedures based on cost, age, and survivability rate. Let me repeat: Health care will be rationed based on cost, age, and survivability rate.

Somebody needs to explain to me how it's an improvement in our health care system for somebody in Washington, D.C., to decide that someone can't have a cancer treatment because it's too expensive, like is happening in England right now. Or that people can't have a medical procedure because some bureaucrat thinks it's too expensive because they're too old. The patient and doctor will be completely cut out of the decisionmaking process. And that is wrong.

There's an alternative plan to put all Americans on universal coverage even without raising taxes. This idea would leave decisions about people's health care between their doctor and the patient, not the bureaucrats and the taxacrats in D.C. It's a plan to put everyone on private insurance plans. This deserves a close examination by this Congress.

We'd better take a long look at the choices we have, Mr. Speaker. If we go down the road of government-run health care in America, we will destroy the best health care structure in the world.

Mr. Speaker, the new government, nationalized, impersonal health care system will have the compassion of the IRS, the competence of FEMA, and the efficiency of the post office.

And that's just the way it is.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Illinois (Mr. QUIGLEY) is recognized for 5 minutes.

(Mr. QUIGLEY addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from North Carolina (Mr. JONES) is recognized for 5 minutes.

(Mr. JONES addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

INVISIBLE CHILDREN

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Kansas (Mr. MORAN) is recognized for 5 minutes.

Mr. MORAN of Kansas. Imagine, if you can, living in a place so plagued by war and kidnapping that you have to walk up to 12 miles a day just to find a place to sleep at night that's safe. As Americans, I don't think we can fully grasp what that would be like. But, for thousands of children living in northern Uganda today, this is their daily commute. This is their life.

For fear of being abducted by rebel leader Joseph Kony and his Lord's Resistance Army, children living in rural homes and villages would walk to town centers to sleep where they could hope to be safe. The children were among the victims of a conflict that began in 1986, and that somehow still continues today in Uganda and neighboring countries.

Lacking support from the local population, Kony resorted to kidnapping children as young as 8 years old and conscripting them to his army. The children have been brutalized and forced to commit atrocities on fellow abductees and even siblings. The vicious initiations were meant to break the children's ties to their community and gain their loyalty to the LRA. More than 25,000 children have been abducted over the course of this 23-year conflict.

While many Americans first learned about this issue when they saw a film made by college-age students called Invisible Children, many more remain unaware of the violence and suffering happening half a world away. I was recently reminded of the severity of this situation when students in my hometown of Hays and the community of Sterling, Kansas, shared with me the latest news from this conflict.

In 2006, many were hopeful a peace agreement could be reached to allow a new generation of children to finally live a life free of fear. Although it appeared progress had been made, Kony